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TO: Commissioner for Patents FROM: Steven J. Helmer

EXAMINER: David LUKTON PHONE NUMBER: 650.631.3244

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PHONE NUMBER: DATE: May 22, 2006

RE: U.S. Serial No.: 09/577,264 TOTAL NO. OF PAGES INCLUDING COVER: 15
Docket No.: 0002.12

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE
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DOCUMENTS SUBMITTED

Transmittal PTO/SB/21
Supplemental Response Under 37 C.R.F. §1.111
1month Extension of Time PTO/SB/22 (in duplicate)

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/577,264
	Filing Date	May 22, 2006
	First Named Inventor	John S. PATTON
	Art Unit	1654
	Examiner Name	David LUKTON
Total Number of Pages in This Submission	Attorney Docket Number	0002,12

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Supplemental Response Under 37 C.R.F. Section 1.111 and Facsimile Transmittal
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	NEKTAR THERAPEUTICS		
Signature	<i>Steven J. Helmer</i>		
Printed name	Steven J. Helmer		
Date	22 May 06	Reg. No.	40,475

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